



STATE OF CONNECTICUT
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Bureau of Air Management
79 Elm Street
Hartford, CT 06106-5127
www.dep.state.ct.us

Title V Part 2 Maximum Achievable Control Technology (MACT) Application

Application Information

1. Source Identification

Source Name:

Source ID No.:

Contact Person:

Title:

Business Phone:

ext.

Fax:

2. Physical Location

Street Address:

City/Town:

State:

Zip Code:

County:

3. Mailing Address (if different than Physical Location)

Name:

Mailing Address:

City/Town:

State:

Zip Code:

County:

4. Title V Part 1 MACT Information

Has any information contained in your Part 1 MACT application changed?

☐ Yes

☐ No

If yes, please indicate what has changed:

5. Certification and Signature of Responsible Official

"I have personally examined and am familiar with the information submitted in the documents and all attachments thereto and certify that based on reasonable investigation, including my inquiry of those individuals responsible for obtaining the information, the submitted information is true, accurate and complete to the best of my knowledge and belief. I understand that any false statement made in this document or its attachments may be punishable as a criminal offense in accordance with Connecticut General Statutes Section 22a-6, pursuant to Section 53a-157b of the Connecticut General Statutes."

Signature of Responsible Official

Date

Name of Responsible Official (print or type)

Title (if applicable)

6. Required Information (See instructions for completing the remainder of this form)

For each Affected Source (or emission unit; see instructions) in each relevant source category for which MACT standards have not been promulgated, please complete the following table:

a. Affected Source (if new, note anticipated date of startup):					
b. Source Category:					
c. <i>Emission Points</i>	d. <i>HAP Emitted</i>	e. <i>Actual/Potential Uncontrolled HAP Emission Rate (lb/hr)</i>	f. <i>Actual/Potential Controlled HAP Emission Rate (lb/hr)</i>	g. <i>Control Technology</i>	h. <i>Existing Federal/State/Local Limitations or Requirements</i>
i. Any Other Information Relevant to Establishing the MACT Floor(s):					

7. Optional information

For each affected source listed in Item 6 you may provide the optional information contained in the following table:

a. Affected Source (if new, note anticipated date of startup):				
b. <i>Emission Points</i>	c. <i>Recommended MACT Limitation</i>	d. <i>Control Technology to be Applied</i>	e. <i>Recommended Operating Limits</i>	f. <i>Recommended Monitoring Requirements</i>
g. Other Recommended Terms and Conditions:				
h. Recommended MACT for Emission Points at New Sources (commencing construction or reconstruction after issuance of this permit):				